OMB Number: 2030-0020 Expiration Date: 04/30/2021

EPA KEY CONTACTS FORM

Authorized Representative: Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.

Name:	Prefix	fix: MR First Name: RONALD						Middle Name:			
	Last Name: SUGAR							Suffix:			
Title:	SENI	CNIOR DEPUTY DIRECTOR									
Complete Address:											
Street1: 542 4TH AVENUE											
Street2:]				
City:	I	PITTSE	URGH			State: PA: Pennsylvania					
Zip / Postal Code:		Code:	15218			Country: USA: UN		TED STATES			
Phone I	Phone Number		412-578-8005				Fax Num	Der: 412-578-8325			
E-mail A	E-mail Address:		RONALD.SURGAR@ALLEGHENYCOUNTY.US								
Payee: Individual authorized to accept payments.											
Name:	Prefix	«: Mrs.	First Name: KIMBERLY					N	Middle Name:		
		Name:	<u>'</u>						Suffix:]
Title:			ANAGER								J
Comple											
Stree			'H AVENUE]			
Stree	t2:]			
City:		PITTSE	URGH			State:	PA: Pennsy	lvania			
Zip / Postal Code:			15219			Country:	USA: UNI	TED STATES			
Phone Number:			412-578-8013			Fax Number		ber: 41	2-578-8325		
E-mail A	Addres	ss:	KIM.JOYCE@F	ALLEGHENYCOUN	ITY.US						
				-	nsored Prog	grams Offic	ce to contac	t concerning	administrati	ve matters (i.e., ir	ndirect cost
Tale Com	іриіан	on, red	udgeting req	uesis eic).							
Name:	Prefix	(: MRS		First Name:	KIMBERLY			N	liddle Name:		
	Last I	Name:	JOYCE						Suffix:]
Title: FINANCE MANAGER											
Complete Address:											
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Street2:											
City:					L	PA: Pennsy	lvania				
Zip / Postal Code:			15219			Country: USA: UNITED					
Phone Number:			4125788013				Fax Num	ber: 41	25788325		
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EPA Form 5700-54 (Rev 4-02)

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

			1					1		
Name:	Prefix: MS		First Name:	JAYME				Middle Name:		
	Last Name	GRAHAM						Suffix:]
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